PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

William David Schaefer

37041-10876A

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DECLARATION FOR UTILITY OR

DESIGN

Attorney Docket Number

First Named Inventor

PATENT APPLICATION				COMPLETE IF KNOWN					
(37 CFR 1.63)			Application	Number	wn				
Declaration Submitted OR	X Declara	ation ted after Initial	Filing Date		April 22, 2004				
With Initial	Filing (s	surcharge	Art Unit		Unkno	wn			
Filing	(37 CFF required	R 1.16 (e))	Examiner N	lame	Unkno				
I hereby declare that: Each inventor's residence, ma I believe the inventor(s) name which a patent is sought on th	d below to be th	he original and first i				nich is claimed	d and for		
Multi-Layer Solid State Keyboard									
(Title of the Invention)									
the specification of which									
is attached hereto									
OR							,		
was filed on (MM/DD/Y	YYY)		as Uni	ted States Ap	pplication Nu	ımber or PCT	International		
Application Number		and was amended	ed on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority inventor's or plant breeder's n country other than the United application for patent, inventor before that of the application of	ights certificate States of Amer 's or plant bree	e(s), or 365(a) of any rica, listed below and eder's rights certifica	y PCT inte	ernational appointment	plication who	ich designated ecking the bo	d at least one x, any foreign		
Prior Foreign Application	The second of the second	Foreign Filing	Date	Prio	rity	Certified Co	py Attached?		
Number(s)	Country	(MM/DD/YY)		Not Cla		Yes	No		
l	4	1			1		1 1		

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) William David Schar					F	Family Name or Surname Schaefer				
Inventor's Signature					1				Date	
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Grand Rapids	Michigan			U.S.A. US				US		
Mailing Address 2121 Finsbury Lane										
City	State				ZIP				Country	
Grand Rapids	Michigan			بـــــــــــــــــــــــــــــــــــــ	495	04	_		U.S.A.	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])					Family Name or Surname					
Inventor's Signature									Date	
Residence: City	State			Country		Citizer		Citizer	nship	
Mailing Address										
City	State		ZIP		Country					
Additional inventors or a legal re	presentative are bei	ng named on th	nes	uppleme	ntal shee	et(s) PTC)/SB/02A	or 02LR a	attached hereto.	